

**Certificate of Transmission Under 37 C.F.R. §1.8**      **Date of Transmission 10/5/2004**  
I hereby certify that this document and the documents referred to herein as attached are being transmitted via facsimile to the United States Patent and Trademark Office, Attn: Office of Petitions, at facsimile number (703) 872-9306 on the above indicated date of transmission.

5 Rhonda Dunn  
Rhonda Dunn

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

10 **In re Application of: Stuart Edwards**  
**Serial No. : 10/059,098**  
**Filed: 1/25/2002**  
**Title: Selective Ablation System**

**Docket No.: SILH0001**  
**Art Unit: 3739**  
**Examiner: Peter J. Vrettakos**

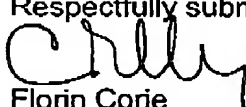
15 **Date: October 5, 2004**  
  
**Assistant Commissioner for Patents**  
**Mail Stop Petitions**  
**P. O. Box 1450**  
**Alexandra, VA 22313-1450**

20 **ELECTION RESPONSE**

**Sir:**  
  
This is in response to the Restriction Requirement, dated May 30, 2003, for the  
25 above-identified patent application.

Applicant hereby elects without traverse Group 1, Claims 1-45, to be examined in the above-identified application.

30 The Commissioner is authorized to charge any fees due and payable with this filing to our Deposit Account 07-1445 (Order No. SILH0001). A copy of this sheet is enclosed herewith for such purpose.

35 **Respectfully submitted,**  
  
**Florin Corie**  
**Reg. No. 46,244**

**Customer No. 22862**